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Special Evacuation Difficulties of the Residential School Child

By G. KEIR

Reigate Child Guidance Clinic

The purpose of this paper is (I) to examine the special billeting difficulties of the residential school child as compared with those of the ordinary school child; (II) to attempt an evaluation of the effects of evacuation upon the behaviour of residential school children.

Procedure

(1) *Method.* Two sources of information were available:

(*a*) Work with a residential school evacuated to this reception area in September 1939, whose children are compared with those evacuees from ordinary homes seen at the Child Guidance Clinic during the same period.

(*b*) Results of a questionnaire on evacuation sent out to the teachers of this school, and of three other residential schools evacuated to other reception areas.

(2) *Material.* The schools will be referred to as A, B, C, and D. They are all L.C.C. Residential Schools for the care of children whose parents, for one reason or another, can no longer provide for them. The children can be sent for varying periods; their ages range from 3 to 16 years. Many of the children are orphans, many have parents in hospitals and institutions. Each school can take about 350 children, the ratio of boys to girls being about 3 : 2.

School A was of the cottage type, where the children (separated as to sex and age) lived in groups of about 20 under the care of a cottage-mother. Children up to 11 years were taught in the school by non-residential teachers, those over 11 went out to the neighbouring schools. It was evacuated in September 1939 from a semi-urban district to billets in two housing estates on the outskirts of a town, population about 36,000. This housing area was once a village and still forms a community in itself, with its own shops, church, school and clinic. The children are thus still very much under the eyes of the teachers who were evacuated with them.

School B was in a suburb of London, run on the block system, about 40 children to a block. All the children went out to various schools. This school was evacuated twice—first to a coast town, and ten months later to a cluster of country villages about 30 miles north of London. In the first reception area the children were scattered in billets throughout the town and attended various schools with other evacuees. In the second evacuation each small group, about 20 or 30, is in the care of a teacher in a small village, attending the village school. There are about ten such groups.

School C was in a small town just outside the fringe of Greater London, run on the barracks system, and all the children were taught in the school with the exception of about 40 older ones, who went out for more specialized education. It was evacuated to a Thames-side town where the children are in billets scattered throughout the town. They attend a local school for half the day as a self-contained group under the care of their own teachers.

School D evacuated from the same type of place as School C, is also living in the same Thames-side town, under the same evacuation conditions as School C. In pre-war days this formed a fourth kind of residential school. It was of the cottage type, but all the children were taught in school within the grounds. They lived a very self-contained life.

The schools all had a system of pocket-money and opportunities for spending this, although School D did not allow the children out of the grounds as much as the others. They all had opportunity for organized games and handicrafts, and during the summer were taken to camp.

These schools were chosen because they differed in system, and it was thought that different degrees of pre-war freedom and responsibility might have different effects in evacuation.

I. Special Billeting Difficulties of the Residential School Child

Are there any difficulties in billeting schoolchildren from a residential school which do not occur with the ordinary schoolchild? It would seem that there are.

(i) The term residential school is apt to convey to the billetor that the child has misbehaved in some way. The name of School A is unfortunately identical with that of an approved school. Although this mistake was corrected, it is asked even now, "What has the child done to be sent there?" There is suspicion that a child who comes from a "Home" must be abnormal, and for this reason quite small behaviour difficulties are exaggerated.

(ii) Suspicion is also due to the fact that the billetors know so little of the parent. As a billetor said recently when her evacuee had been pilfering, "The trouble with him is, you've got nothing to work on: you don't know what his parents were like."

Even where the parents are known, the billetors may be slightly contemptuous of them as unable to fulfil their social obligations to their children, and to the community. These parents in any case have few rights over their children, and for this reason the Headmaster should always accompany such a school. He is not only the visible sign that the school is a unity, but he can maintain the rights of the children and

exercise a final authority over them. Unfortunately, only in the case of School B on its second evacuation did the Headmaster accompany his school.

This difficulty of meeting the parents has another unfavourable effect. The majority of billetors rightly expect gratitude for all their trouble, and it is normally expected from the parents. The children themselves have to supply it, and as they rarely do, it forms a common ground for complaint. Again, where difficulties occur in the management of the child which do not immediately yield to the billet-mother's methods, lacking an object on which to vent her feelings of failure and frustration, she blames the child instead of the parents, thus only increasing the trouble.

(iii) These children cannot return home and so seem more of a burden than the ordinary school child.

If evacuated to small country communities as in the case of School B, less difficulty is experienced in billeting the children, as the attitude of the billetors is more favourable.

Against these must be weighed certain advantages enjoyed by them:

(i) On the material side the children are well cared for; there are no difficulties of clothing, shoe-repairing, mending, etc.

(ii) The lack of contact with parents helps to prevent friction with them, and to prevent divided loyalties in the child's mind.

(iii) On the whole, residential school children are more helpful in the house. They love running errands, gardening, and looking after the younger members of the family.

Nevertheless, the disadvantages enumerated on the whole outweigh the advantages.

II. Special Behaviour Difficulties of the Residential School Child

The children seen at the Child Guidance Clinic set up in October 1939 to deal with evacuation problems have been divided into two groups—the residential school and the non-residential school children evacuated into this area. A comparative study can be made with regard to:

(*a*) the numbers attending the Clinic;
(*b*) the number of attendances per group;
(*c*) the reasons of referral.

(*a*) *Numbers.* In 1939-40 we saw 80 residential school children, 52 boys and 28 girls, as against 100 children (71 boys and 29 girls) of Group II. During the eleven months following—October 1940-September 1941—20 residential school children (13 boys and 7 girls) were seen, as against 51 (23 boys and 28 girls) of Group II.

The following table gives the percentages of these numbers estimated from the total population in each group at the half year.

Period	*Residential School*			*Non-Residential School*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
	%	%	%	%	%	%
1939-40	18·6	10·0	28·6	4·7	1·9	6·6
1940-41	5·8	3·1	8·9	2·1	2·5	4·6

The difference in proportions of those attending in each group and the drop in Group I in the second year are of interest.

(*b*) *Number of Attendances.* The number of attendances indicates that the residential school children had more difficulty in settling down and require more prolonged treatment. The attendances over the two periods were:

	Residential School			*Non-Residential School*		
Period	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*
1939-40	272	168	440	283	162	445
1940-41	150	71	221	173	109	282
	422	239	661	456	271	727

(*c*) *Type of Problems.* The principal reasons for referral are given below. These were not the only grounds for complaint, but were the chief causes of trouble in the billet.

In Table III, the percentages are taken from the total numbers in each group attending the Clinic over the 23 months (100 and 151). In Table IV the percentages are taken from the population of each group estimated at the half-year in each case.

	Table III		Table IV	
	Group I	*Group II*	*Group I*	*Group II*
Enuresis	38	23·8	7·5	1·5
Pilfering	14	10·6	2·7	·6
Backwardness	10	5·9	1·9	·4
Nervous Habits	7	1·3	1·4	·08
Sex	4	13·2	·8	·8
Disobedient	5	8·6	1·0	·5
Aggressive	1	5·3	·2	·3
Cheeky	2	3·3	·4	·2
T. Tantrums	5	2·7	1·0	·1
Soiling	1	8·0	·2	·4
Depressed	1	4·0	·2	·2
Sullen	6	1·3	1·1	·08
Fears	4	5·3	·8	·3
Lying	—	1·9	—	·1
Truanting	2	2·7	·4	·1
Egotism	—	1·3	—	·08
Timidity	—	·7	·2	·04
	100%	99·9%	19·8%	5·78%

In connection with this table the following points are of interest:

(1) *Enuresis.* It should be noted:

(*a*) That cases of slight bed-wetting occurring during the first few weeks of evacuation, due simply to the change, are not included. All are real enuretics with a history prior to evacuation, although they may have had a period of dryness.

(*b*) That many of the real enuretics amongst the ordinary population were not evacuated, or were taken home by their parents in the early days, so that our figures for Group II are low. The incidence of enuresis in the ordinary population is estimated at 3·4 per cent.*

The evidence of this table is substantiated by that of a master of School D, who states that 6 per cent. of his children were known to be enuretic before evacuation (probably much too low).

In no area was adequate provision made for the known enuretics from these schools. The hostesses seem to have been literally swamped by their arrival School D reports: " This 6 per cent. were billeted with no special provision made for their weakness other than the addition to their luggage of a large rubber sheet. The conditions arising from the billeting of these children on the householders can best be left to the imagination."

In this area there were, almost from the start, facilities for Child Guidance treatment of the enuretics. But in the other schools not a great deal appears to have been done for them. In School B some are in a small hostel. In School D " during the last twelve months, efforts have been made to segregate enuretics into one unit, under the care of a master and his wife, and this has, to some extent, relieved a very unsatisfactory state of affairs ".

The conditions of evacuation produced no new enuretics, though some cases, thought cured, relapsed in the first few weeks. Naturally, where treatment has been available, there has been a sharp drop. The conditions of evacuation themselves, however, have been responsible to some extent, since over a long period, even without real treatment, an improvement in the occurrence of enuresis occurs.

(2) *Pilfering*. It is almost impossible to assess the true incidence of petty pilfering in the two groups. The numbers in this Clinic are too small to make any valid comparison. It would seem as if pilfering has been significantly greater among the population of School A than amongst the ordinary evacuated school population. Opportunities have been much greater than in pre-war days, and the children have taken advantage, though perhaps not to the extent one might expect.

(3) *Sex*. Two residential school boys came for sex instruction only.

(4) *Lying* has not been given as a main reason of referral, but was very prevalent, more so than in Group II.

(5) *General Nervous Habits and Fears* especially among the younger children evacuated at 5 years, were proportionately much higher in Group I. Fear of dogs, with screaming attacks at their approach, was very marked.

(6) In both groups during the first year, girls experienced less difficulty in settling down than boys. In Group II, however, difficulties amongst the girls remained constant, whereas those among the boys dropped in numbers.

* *Burt, " Journ. Educ. Psych.", Vol. X, Part 1. Incidence of Neurotic Symptoms among Evacuated Schoolchildren.*

(7) *Age.* In both groups over the whole period the most difficult age group for boys was 9-12 and for girls 11-14.

Results of Questionnaire

In an effort to assess the effects of evacuation upon the behaviour of the children as a whole the following questionnaire was sent out to the teachers of the four schools. It was based upon many discussions with the teachers of School A.

1. Have you noticed any differences in the reactions of the children to the staff during the time they have been evacuated ?
2. Is there any sort of change in their relations to each other ? Do they get on better or worse ?
3. *School Work.* Has the level of work risen in any case ? In what subjects ? To what do you ascribe this ? Has their attitude to work altered ?
4. *Games.* Is there any difference noticeable ?
5. *Leisure Activities.* Is there any change ?
6. Have you any difficult children in your form ? Enuretics, pilferers, liars, over-aggressive, disobedient, nervous habits, etc. ? If so, do you consider that they have improved during evacuation ? What do you take to be the reason ? Have any new difficulties cropped up ?
7. Have you noticed any changes in behaviour which you take to be the direct result of evacuation ?
8. Would you consider evacuation has done them good or not ?

The answers to this questionnaire throw light on the various subsidiary complaints made about residential school children especially throughout the first year of evacuation.

These are that the residential school child differs from the non-residential school child:

(*a*) in intelligence;
(*b*) in certain social attitudes.

(*a*) *In Intelligence.* Of about 75 per cent. of the residential school children whom I visited I heard the remark that " the children seemed to know nothing ", and that " they behaved like children several years younger than they really were ".

There seems no reason to doubt that knowledge of everyday things is deficient in the first group. It would be surprising if this were not so. The young children of 5, 6 and 7 are much more helpless than children of the same age from ordinary homes. They find great difficulty in dressing themselves, they wait to be told what to do, and cannot be trusted with the simplest message involving responsibility. The older children, too, have little knowledge of the simplest matters of household routine, they find difficulty in amusing themselves, they hang about the streets and in countless small ways give the impression of backwardness.

All this is now much less obvious. Not only do the householders complain less, but the teachers report that the general level of work in school has risen, despite the lack of former facilities. As with all other evacuees, there is a widening of

interest due to evacuation to a different environment. But in residential school children the circumstances of billeting are even more important.

Their interest in the country and country pursuits has greatly strengthened and widened, but they also take a possessive interest in the gardens and animals of their billetors and their attitude to nature study in school bears the imprint of this individual experience.

Further, many of them are now responding to the stimulus wanting before evacuation—to the very real interest taken in their work by the billetors.

In the school they are now more receptive. As one master puts it, " Conditions have produced an entirely different atmosphere in the school. There is a friendliness such as one experiences in a family circle, antipathy and defiance have been replaced by interest and readiness to please."

Where games have been mainly of the organized type, children find a certain difficulty in the freer, creative side of play. This was quite marked in the earlier days of evacuation. It is no longer so.

(*b*) *Social Relations*. The changes involve the following points:

(i) Attitude to each other.
(ii) Attitude to authority.
(iii) Attitude towards property.
(iv) Attitude towards social responsibility.

(i) In the billets, at first, their attitude to the other children was one of jealousy, outwardly shown by greed. In many cases the householders have been very good, buying them toys and books and letting them share in all the treats of the other children, so that they should feel as little difference as possible. But in most cases they were not satisfied and would not play with their own toys. They had to take away the other children's possessions and play with them too.

This has almost completely disappeared during the second year of evacuation. They have learned to accept a fair division of things.

Amongst the infants of Schools B and C there is considerable aggression due to the same causes as is the behaviour of the infants of School A, where considerable fear and anxiety have been noticed.

The older children all seem to have improved in this respect.

(ii) To their teachers they are more friendly and less evasive than either in pre-war days or in the early days of evacuation. They show, at the same time, greater independence and greater desire to be liked.

This new readiness to recognize authority, without resenting it, is also apparent in the billets. In showing of gratitude for favours received there is no change, but it is probable that the billetors expect too much.

(iii) In caring for the property received, however, they have altered for the better. A teacher in School B ascribes this change partly to the respect they have learned for the flowers and animals of the countryside. It is probably due more to the acquisition of property in a small community, such as the family. The only strong opinion to the contrary comes from an Infant teacher.

(iv) At first these children were unwilling to bear anything in the nature of responsibility. This has now altered greatly.

Answers to the last question bear out the general success of evacuation in at least two schools. "Evacuation and more intimate home life has certainly been good for the children. They seem glad to help wash up, mind children, run errands and help in the garden. I feel that the opportunity to do these things has been all to the good." "On the balance good effects. Physically—a lot of good; mentally, through widening of interests—some; morally—I think a little good."

To sum up—two out of the four schools admit a general all-round improvement, in difficult and non-difficult children alike, as the result of evacuation. Schools C and D admit improvement in certain aspects. While School C is divided on the subject of general benefit, School D does not agree, as the breakdowns in behaviour were too numerous.

The differences between these sets of answers to the questionnaire is suggestive of certain conditions for the successful evacuation of residential schools.

(1) The Headmaster should accompany his school.

(2) Billeting must be sympathetically and carefully carried out, and frequent visits paid to billets where any difficulty arises.

(3) These children, more than children from ordinary homes, need the benefit of treatment and advice in settling down. The more scattered and disintegrated is the school, the greater is the assistance required.

(4) Evacuation into small communities is best. The difficulties in areas where children are scattered over a fairly large town appear greater than where they are evacuated into small country villages in groups of 20 or so, in charge of a teacher This seems the best arrangement, with evacuation into a self-contained community in a town, such as a housing estate, a good second.

(5) The two schools in which billeting has been most successful have been those in which either all, or a certain proportion, of the children went out to school under pre-evacuation conditions. It would seem that a residential school of the severely self-contained kind does not stand up to the sudden freedom and responsibility of evacuation conditions.

Emergency Gardening

By V. FITZGERALD

Voluntary Occupation Officer at an E.M.S. Neuro-psychiatric Unit

About a year ago one of the neuro-psychiatric Emergency Hospitals added gardening to its other branches of occupational therapy. It has been suggested that my experiences during that year might be of interest to those engaged in, or about to undertake, similar work. As I consider that a number of rather vague general statements without chapter and verse are almost valueless, I have—in this article—tried to describe our gardening in practical detail, and from this to draw my general conclusions.

While this is not a military hospital, the patients come chiefly from the non-commissioned officers and ranks of the Services. There is also a civilian ward, including men from the Merchant Navy, and a women's wing in a house with its own garden outside the hospital grounds. Patients are sent on account of neurotic illnesses.

Occupational gardening is carried out by the head gardener and myself under the direction of the doctor in charge of occupational therapy. Our average attendance just now is 130 men each day, approximately half of whom attend for two hours in the morning and half for the same period in the afternoon. As our numbers are so large, our methods are of necessity rather unorthodox and those accustomed to the quiet calm of occupational therapy centres will have some difficulty in realizing the very different conditions under which we work.

The patient is first of all sent by his doctor to the Occupations Office with a note stating the occupation selected for him. A card with his name, rank, ward and occupation is placed in a file to which all instructors have access. On the card there is also a brief note written by the doctor for their guidance. For example, "An anxious man with hypochondriacal traits. Needs pushing to work." Or it might be, "Depressive state due to death of family by bombing. Keep fully employed". Occasionally, with apprehension, one reads: "A truculent and unco-operative patient." Once a week the instructor writes a short note on each card reporting progress made. These are seen regularly by the doctors.

The patient comes into the garden with a note stating his name and ward, which he hands personally to the instructor, thus ensuring that each man gets a brief interview before starting to work. We ask a few questions about his previous gardening experience, and try to find out if he is interested in any special branch of garden work—he may have worked in a public park or on a golf course and will choose to work on the lawns and ornamental flower beds. He may be a farmer or agricultural labourer who then does our carting, scything and so on, for us. Or perhaps he has no interest or experience in gardening, but is a mechanic in civil life who will overhaul the motor mowers and keep them in good running condition. In such cases, the men have often been misfits in the Army and are really helped simply by getting back to familiar work which they know they can do well. But many of them are quite apathetic and uninterested in gardening or anything else. Fortunately we are not sensitive, as the question, "Is there anything you would particularly like to do?" frequently gets the reply, "To get out of here as quickly as possible"!

Usually a man works with others from his ward in the charge of a section leader who is an N.C.O. patient selected from amongst them by their doctor. His duties are to see that his squad turns out for roll-call, to account for his absentees, to be responsible for the tools issued to his men and in general to co-operate with the Occupation Officer and see that his instructions are carried out. In return he receives certain privileges. He is allowed to wear his khaki, and has a pass out every evening from 6 until 8. The value of a good section leader is inestimable.

The tools are issued to each section leader, who distributes them among his squad. Each tool, as it is taken out, is represented by a disc which is dropped into a tray

labelled with the name of the ward concerned. As the tools are returned, the discs go back into their box. Any remaining in the tray indicate tools missing, and the section leader is responsible for their safe and immediate return.

Originally the men worked in their groups looking after a centre communally. But, with the exception of two wards, this has not proved satisfactory. It is interesting to speculate why it was successful in two cases and failed in five. It may have been partly that the men took a pride in keeping their centres in much better order than any of the others. But it was very largely, I think, because their doctors took a great personal interest in the men's gardening, paying frequent visits to the plots while they were at work. We are now switching over to individual allotments and already, even although still in the transition period, there has been an immense improvement.

Here I would like to emphasize the advisability of having the garden in a central position and all together on one stretch of land. In this matter we have learned from very bitter experience. Gardening in this hospital has been growing continuously. A year ago we began with a few isolated plots and some thirty men. We now have an average attendance of 130 men and a number of centres all over the grounds—which are extensive. For various reasons, until very recently, it was not possible for us to have a large piece of ground where most of the patients could work. As a result we spend an exasperating amount of time simply walking from one centre to another. Still worse, the men are of necessity unsupervised for considerable periods and it is quite impossible to give the inexperienced gardeners anything like full instruction. To remedy this last difficulty we are trying to work out a scheme using patients with much gardening experience as " technical assistants " to each section. They will help, in return for privileges, to teach the novices in their group. So far we have only tried this out in the civilian ward, where it has worked admirably, chiefly owing to the exceptional personality of the patient selected.

Some of the patients, when they first come out, regard digging as nothing short of manslaughter ! Everybody is considered fit for general work unless the note on their card says otherwise or they bring written instructions from their doctor. As a rule, once they have gained confidence they like digging, but I think it is a mistake to let it become monotonous, and unless a patient particularly asks for it—as happens fairly frequently with those suffering from anxiety and depression—it is inadvisable for them to dig for several days in succession without a break.

Where grassland is being brought into cultivation I strongly recommend that the turf be skimmed off by ploughing. To remove it by hand is hard and slow work and in my opinion is not suitable for neurotic patients who tend to be discouraged easily and respond most readily to quick results.

We are, at the time of writing, breaking up a piece of grassland just under two acres in extent. The turf has been skimmed off by plough, and the ground measured into allotments each of which two men are digging over, burying the turf as they go. We aim at working the allotments on the plan issued by the Ministry of Agriculture in the " Growmore " Bulletin No. 1, called " Food from the Garden ". As one patient leaves and another takes his place, he will be able to see from the pamphlet what has already been done and what is planned ahead. This will also have its

value in impressing on the patient that his efforts are of importance in our food production.

A frequent criticism by visitors to the garden is that as the average stay of a patient on occupation is about six weeks, he cannot be expected to take an interest in sowing seeds from which he cannot reap the crops. But we have not found this to be so. A man soon comes to regard his plot as temporarily his own ground, and although he cannot see the full results of his labour, he does see completed the operation on which he is engaged. For gardening is never finished; the seasons merge into one another so imperceptibly that the work is continuous throughout the year. There is no beginning and no ending as in the other occupations. The only comparison that can be made is that as in their work a patient may start and finish a basket or a stool, so in ours he may start and finish the preparation of the ground for next year's crops, the sowing of the seeds, the thinning, weeding, watering of the growing plants, or the harvesting and tidying in the autumn.

There must be a certain amount of discipline before the work can be carried out successfully. Therefore to maintain an orderly atmosphere we do not hesitate to report absentees and habitual latecomers to the military authorities who are responsible for the discipline of the Service patients. We have found that it is fatal to ignore them, as in a short time the defaulters' list will have lengthened incredibly and soon be completely out of control. Patients who are troublesome in other ways we report directly to the doctor concerned.

In any number greater than six on one piece of work, the tendency is for the more unco-operative patients to create a very difficult and even antagonistic atmosphere. But, if a truculent patient is introduced into a group of four or five men who work steadily and with some pride in their efforts, as a rule he falls in with the rest and becomes as co-operative as any. We have found this an excellent way of dealing with the recalcitrant. Another successful method has been publicly to praise, say, his digging, and then to select him—again publicly—for some special work.

For the completely unco-operative and mischief-making type, we have cleared a local " Devil's Island ", which is a piece of ground well away from the rest. The man who regards himself as a martyr forced to work for the hospital for nothing, the bully who tries to make life miserable for those anxious to work, the man who insists on " swapping symptoms " and, in short, anybody likely to upset the chances of the other patients, sooner or later finds his way there. He is, of course, kept in ignorance of its nature and is simply sent to work on that particular centre.

Here let me again remind the reader of our large numbers. It is only these, combined with our rapidly changing population, which render these measures necessary.

The garden work is the same for all classes of patient unless the doctor gives specific instructions to the contrary. But as the civilians are, for the most part, rather elderly or delicate they generally do only the lighter work. We keep them apart from the Services, as we find that they do not mix.

The women maintain their own garden entirely. It is chiefly devoted to

vegetables, and in addition each patient has her own plot of ground. The average daily attendance is about twenty-four, and they work with real interest and enthusiasm. I am sorry I cannot describe their work more fully, as the results have been most satisfactory and unquestionably of value to the majority of the patients. One of the chief factors in this has been the magnificent co-operation given to me by the nursing staff both in the pleasant atmosphere maintained among the patients and in the facilities they have provided for carrying on the work.

I have found a problem which I think must be general wherever the instructor has to work with a professional gardener. I think it is almost impossible to make him realize the dual purpose of occupational gardening. In my opinion first and foremost by a long way comes the benefit to the patients, and while one wants to raise the best possible crops this must always be of secondary importance. I would always risk the sacrifice of a crop if it gave a good chance of materially helping the patients. But your professional gardener can never, never do this. It is contrary to all his instincts and experience. For him, the crop is of paramount importance, and *nothing* must be allowed to threaten it. He will try to prevent the patients sowing the seeds themselves, applying fertilizers or harvesting the crops in case they " make a mess of it ". If a piece of ground is to be dug over, his one aim will be to get the work completed as quickly as possible, regardless of its effects on the men. If a patient is obviously ill, his reaction will always be that a man in such a condition ought not to be sent out, as he will be fit for nothing and only be a nuisance. The situation here is aggravated by the fact that everything sent in from the garden is debited against the outlay on seeds, fertilizers, etc., and very naturally our gardener is anxious to show a profit financially and cannot understand that there is another balance sheet to be taken into account—the help given to the patients.

As I have mentioned above, another lesson learned is the tremendous importance of individual work. We find that the patient responds more quickly to sympathetic interest than to almost anything else except encouragement. It is very much easier to get to know them and gain their confidence if the men are spaced out on separate work, as they are less self-conscious and will talk more freely, describing their gardens at home and making suggestions about the working of their plots. It has been argued that the work should be communal in order to promote social feeling among the patients. But gardening by its very nature serves the community; it is only the effort that is individual.

From the point of view of the patient, the work is of much greater interest. More and more frequently they are now asking if they may come out and garden in their spare time. We never had a single instance of this when working on the communal system.

The advantages to the instructor are:—

(i) Competition is encouraged, for very few patients are sufficiently apathetic to allow their plots to fall very far behind the others. For this reason I think that each plot should be prominently labelled with the name of its owner.

(ii) In the case of those with particular weaknesses, the work of encouraging them to use the affected part is greatly simplified. In group work they are apt to stand by and let others do it for them unnoticed.

(iii) It is possible to measure exactly the amount of work done, the interest taken and the progress made by each man. This, incidentally, is an aid to discipline, as the truant's or lazy man's plot soon gives him away.

(iv) A better report can be given on a patient's suitability for an agricultural unit. This scheme is still very much in embryo but promises to be of great interest when it is possible to get information about the progress of the man drafted from here.

I would like to make it clear that by individual work I do not mean that the patients work only on their own plots. Variety is essential and, except during the spring rush, general work on the grounds, grass cutting, hedge trimming, wood chopping and work on the flower borders and in the greenhouses, is carried out as well. We have also learned the importance of providing enough work to keep everyone fully employed during the occupation period, and to insist on its being done to the very best of the patients' ability even if it means re-doing it several times. For nothing so discourages effort as the acceptance of slipshod work.

But I consider that the foundation of successful gardening is co-operation—co-operation with every department, but above all with the medical staff.

To our Occupation Office we are indeed indebted. I hope I have given some idea of its place in our organization. Briefly it acts as liaison between the occupations and all other departments of the hospital. To me, " Occupation Office " and " co-operation " are synonymous terms.

With the massage department we are working more and more closely. When we have a mutual patient with, say, a dropped foot, the chief masseuse demonstrates to me how he should keep his foot placed when at work and I try to remind of this whenever it is necessary. She also pays visits to the garden and watches her cases at work, suggesting movements that will correlate with her treatment.

In my opinion, however, without the full co-operation of the medical staff, occupational gardening can never achieve its full value. The doctor can do so much to enlist the co-operation of the patients by stressing that their occupation is part of their treatment, that it is " therapy " and not forced labour. And if he will periodically discuss their progress with the instructor, not only is this the greatest possible help but it adds very much to the interest of the work. The assistance given by regular visits—however brief—of the doctor to his patients *at work* cannot be overestimated.

As we gain in experience, the number of men really benefiting by gardening is increasing to a marked degree. The possibilities are almost without limit.

I wish to thank Dr. W. S. Maclay, the Medical Superintendent, and Dr. Russell Fraser for their co-operation and encouragement.

Military Service for Mental Defectives

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The object of this article is to offer information gained in examining mentally defective soldiers, to show their limitations, and the risks involved in keeping them in the Army, and to outline the way in which they are being dealt with.

In civilian life we have to consider mental defect as a failure in social adaptation due mainly to lack of sufficient intelligence but frequently also to poor upbringing in the family home. At the outset I would stress that intellectual subnormality—a "something" which academic psychologists try to measure—is not the same as mental deficiency (a term denoting a clinical assessment of the patient's social capacity having special reference to his ability to comprehend and execute tasks involving intellectual operations). Or, to put it another way, there is no point in the scale of intelligence ratings below which all persons are mentally defective and above which all are normal. From this it follows that there are many people of both sexes who are *Intellectually* Defective but, because they are sufficiently adapted socially, are not *Mentally* Defective. They are not social failures, for they earn their livings, pay their way, and adhere to the moral codes, social conventions and laws. They are lowly but sound citizens.

However, it is equally true to say that their social competence is more apparent than real, for they are frequently abnormally dependent upon the good offices of others, such as employers, wives or social services; they cannot adapt themselves to changes of circumstance and therefore tend to live in or near their childhood homes, to have friends among the few who will not tease them or show up their defects, to deal only with certain shopkeepers whose honesty they know by long experience, to stick to one simple job which is not beyond them even though the pay is poor and prospects of advancement are non-existent or to do work which other people do not wish to do. Such men find niches in civilian life that are suited to their inferior intelligence and adaptability.

In the Army, on the other hand, they have other difficulties to overcome. Supervision and control are much greater than in civilian life and this may help quite a number of defective recruits. But as they have a great deal to learn as soon as they are taken into the Army and learning is their stumbling block, it is natural that many of them are soon discovered to be mentally defective from a military standpoint—that is to say, they cannot acquire the fundamental knowledge necessary to modern troops, even if given more individual and lengthy training in squads for backward soldiers.

In addition, their uprooting from familiar surroundings and their presence amongst strangers who do not understand and allow for their slowness and simplicity is to them a source of anxiety. They are bewildered by the speed at which they receive military uniform and equipment, medical examinations and inoculations, and

at the necessity for quickly understanding orders and regulations, so that at the very beginning of their military careers, many respectable and worthy simpletons are thrown into a state of anxiety which increases their basic inefficiency.

Many defective recruits, however, do not experience this anxiety, or at any rate get over it very soon. They learn the barrack square drills and the elements of military life, for these are well within the range of their competence. But later on their difficulties increase, for most soldiers in modern armies have to learn and understand the use, maintenance and repair of a number of complicated mechanisms such as automatic weapons, detectors, range-finders, motor vehicles, telephones, wireless, etc. They also have to remember and apply codes that alter daily, work out routes from maps, carry messages correctly, know first aid principles and be able to do much of their work in pitch darkness, often in unfamiliar surroundings.

Efficient units soon find out that a proportion of their men are unable to manage such tasks and relegate them to " fatigue duties ". Others act on the old principle of dumping their rubbish on to someone else and so get the men transferred to other and no more suitable regiments. Some units submit them to a psychiatrist for examination and disposal, and those who have once done so do not, as a rule, revert to their former procedure.

It may be remarked here that these inefficient men are not all mental defectives. There are also dullards, psychopathic personalities, psychoneurotics and psychotics. It is probably true to say that the more unstable tend to be examined, discharged or transferred earlier and in proportion to their " nuisance value ", whilst the more stable types of defectives and dullards tend to remain in their units.

Their retention, rather than their transfer to a different unit or their discharge, seems to be justified, especially if the work they are called upon to do is of a purely manual and unskilled type, but to leave their " disposal " purely to chance is bad administration. For example, some units—such as the Pioneer Corps, Royal Artillery or Royal Engineers—can usefully employ a greater number of dull men than the Royal Corps of Signals, the Royal Armoured Corps, or the Royal Army Pay Corps. Further, certain jobs in any unit are better given out to dull men, the more intelligent being retained for work of greater importance and difficulty. To this end, the Army is at present testing the intelligence of all its new personnel and is beginning " job analyses " in order to determine amongst other things the number of defectives or dullards which can be used by different Corps and for what work in the various Corps they are best suited.

This survey is part of the work being undertaken by the newly-created Directorate for the Selection of Personnel (D.S.P.), which is now engaged in the formidable task of testing the intelligence and abilities of every man and woman in the Army and the intellectual and other requirements for the satisfactory performance of every duty which a soldier or auxiliary may be called upon to carry out. This will not only solve the vexed question as to whether dullards and defectives should or should not be expelled from the Army, but will give the numbers which may safely be retained in any unit. Defectives so retained, employed in work which is not beyond them can be quite efficient and content and so are less likely to become anxious or badly

behaved. But, unless their numbers and the work they are called upon to do are controlled by statistically examined investigations, their retention in fighting units in any but small numbers is a " bad risk " and bad business.

We know that the work of defectives is often badly done but, quite apart from this, they present another problem in that their general health and mental stability are often much below par. It is not at all unusual to hear of a man taken into the Army and given dental, surgical, medical, orthopaedic and ophthalmic treatment spread over a year or more during which he has done little or no military training. After such lengthy and presumably costly treatment, he may have proceeded to a training unit where he was inefficient and constantly falling sick with minor ailments for which no physical cause was discovered. For that reason he may then have been sent to a psychiatrist for investigation.

Men with medical histories of this type whom I have examined, have generally proved to be mentally defective and their complaints—bad teeth, defective vision and speech, squints, dyspepsia, skin troubles, varicose veins, hernias, flat feet, enuresis, catarrhs, etc.—may be thought of as stigmata of degeneracy. The ill-developed mind or brain is (from this point of view) just one of many ill-developed organs in an inferior human being—inferior in every sense of the word, anatomically, physiologically and psychologically. It is a waste of medical time to attempt to patch up such individuals in the forlorn hope that they may eventually make good soldiers.

In addition to purely physical disorders, the defective is liable to develop psychoneurosis—hysterical reactions being the more frequent. Common mild forms are the exaggeration of the severity or the increase in the duration of a minor injury, illness or discomfort. Thus one man sprained his ankle jumping from a lorry and still complained of pain three months later. The pain had excused him from many difficulties such as marches, drills and other irksome duties. In addition he received sympathy from his comrades rather than the well-known attitude of N.C.O.s towards slow and stupid privates.

Anxiety states are frequent in defectives exposed to the dangers of active service, and such men are terrified at the idea of having to face similar conditions in the future. Many of them develop states of depression, if the anxiety remains unrecognized and therefore untreated. Others wander away from camp with almost monotonous regularity, for the camp conditions are more than they can cope with and there seems to them to be no other way out of their dilemma. Some of these are just ordinarily stupid, some are dazed, and others suffer from hysterical fugues, complaining that they have lost their memories. When it is noticed that a man is receiving continual punishment which is no deterrent and that he is doing no military training because he is in constant detention, it is obvious he should be sent to a psychiatrist.

Some defectives on active service cause loss of life among their comrades by their carelessness or clumsiness. From among the many defectives in the B.E.F. seen soon after the Dunkirk evacuation, I can give these instances.* One backward youth joined up when his " school hero " did. (This " hero " had always protected him from being bullied at school and at the works where they were employed.)

* *Unfortunately full notes were not taken at the time and can only quote from memory.*

During an engagement against the Germans, he got into difficulties, and his hero, now a corporal in his Unit, came to rescue him. Bungling everything—in the Army no less than in civil life—he upset a lot of tins at a time when silence was safety. This drew the enemies' fire from a neighbouring farmhouse, and the corporal was shot. The man ran for his life, escaped the stream of bullets fired at him and regained the British lines. He subsequently broke down mentally, because he realized he was to blame and that now he was " alone in the world ". Another defective could not get over the fact that he had shot his section leader accidentally. What made it worse was that he knew the man's wife and child who lived not far from his home. Yet another—an ambulance driver—developed strong feelings of unworthiness and depression, because he lost confidence in his ability to drive after fighting had broken out in France. He had an accident with a loaded ambulance whilst in this mood, got " knocked out " and never discovered the fate of his cargo. He dared not ask in case he had killed some of the wounded men.

Among the men found untrainable is a class not mentioned above, to which I have given in my reports the term " scholastic defectives ". In these cases, there is often quite a clear history showing why education was faulty, such as nomadic habits of parents, chronic illness, truancy, retention by parents in the home, or infantile psychoneurosis. These men tend to do poorly on tests of the Binet type (scoring such mental ages as 9½ to 12) years, but grade normally on most performance tests. Military training is as hard to them as it is to defectives, and their behaviour is often very similar.

From the foregoing, it will be realized that the problem of Intellectual Defect in the Army is a very large one. Some 5 per cent. of all men taken into the Forces are unable to learn the basic military training of the modern soldier and another 5 per cent. can only learn it with difficulty and if trained in special backward squads. The more complex and specialized military training becomes, the higher will such percentages be found to be.

The impression I have given so far is that there are many mental defectives in the Army and that speaking generally they are a nuisance and a risk, but I now hope to show that to discharge them is not the best solution of the problem and that the Army has made special provision for this particular group.

At the outbreak of the war, the Army was largely unaware of the existence of the problem—still less that it would be magnified by conscription. In a voluntary recruitment system only a proportion of the nation's defectives join up, but into a conscripted Army all are received unless their names have been notified to the Mental Deficiency Authority of their area. But in this connection we must note that for every man of a mental age of below 12 years who is notified as a mental defective under the Mental Deficiency Acts, there are about 25 who have not been so notified. According to the Board of Control's returns, about ·2 per cent. of the population is under the care of a Local Authority and yet about 5 per cent. of the Army intake is of a standard of intelligence equivalent to that of the ·2 per cent just mentioned. Thus, I have seen men with mental ages as low as 4 or 5 years who make good shepherds, labourers and roadmen—men with mental ages between

6 and 9 years who appear to be efficient tractor drivers, milk roundsmen, painters and automatic machine minders. But these men were quite out of their depth when confronted by the demands of modern military training.

Broadly we may say that such intellectual (but not mental) defectives are good enough workmen if employed in simple repetitive manual labour, especially if those in authority treat them kindly and allow for some of their idiosyncrasies.

We may also say that discharge from the Forces of soldiers who seem to their comrades to be merely slow and inefficient, is bad for military morale. It tends to encourage malingering and leads to discontent.

A year or more ago psychiatrists who examined mentally defective men who had been employed in civil life, were healthy and yet were untrainable in a modern military sense, had no option but to discharge them, for even the Pioneer Corps was (and still is) a potential fighting force. When the Army realized how many men it was losing in this way and that it could retain their services if it made it unnecessary to train them militarily, it instituted " B " Sections, attached to normal companies of Pioneers. The men were not to be trained in the use of weapons. All its members were to be mental defectives or dullards. Their N.C.O.s and officers are mostly tolerant and understand the special needs of the men under their control. From the inception of the scheme over a year ago, these " B " Sections (now named " Q " Sections) were a great success, so long as they were used for work within the range of their competence; and their existence has made it possible to retain within the Army men with mental ages as low as 6 or 7 years. At the invitation of the Northern Command, I visited two such Sections in the Yorkshire area. One was digging trenches round an ordnance works and the other labouring for the Ouse Catchment Board remaking the river banks. The men in the Section were happy and liked their jobs, even though many had never laboured in the open air before, e.g. one man had been a " mackintosh sticker " in civilian life, another a machine minder in a Lancashire mill, whilst a third was a hawker and collected rags and bones. These, and most of the others to whom I spoke, confessed that they were miserable in their previous units and found the work far too hard. Several said they were now in better health and were no longer always sick. They were satisfied that they were doing work of national importance and that they were doing it well.

The latest development in this field is the establishment of whole companies of " Q " men, and this will help to develop an *esprit de corps* and a still better morale than could be developed when such a group was only a dull " hanger-on " to another company.

To sum up—Intellectually Defective men are a very large problem to the British Army. They cannot assimilate the training necessary for a modern soldier. If retained in fighting or technical units, they tend to be inefficient, or troublesome, or to break down mentally and physically. The provision of " Q " Companies for such defective soldiers reduces their discharges from the Army to small proportions and enormously increases their usefulness. As the D.S.P. staff now examines the intelligence of all recruits, we shall in future no longer see the cases of gross mental defect seen in the early days of the war.

News and Notes

Mental Health Emergency Committee

Children under Five. The work of the Sub-committee on Children under Five is rapidly developing and requests for loan workers to help the staffs of the new War Nurseries in establishing them on a sound educational basis are steadily coming in, necessitating the appointment of further full-time or part-time workers to assist Miss Ruth Thomas (C.A.M.W. Educational Psychologist) in these visits. Nurseries in the following areas have already been visited: Bedford, Berkshire, Darlington, Herts, Kingston-on-Thames, Lees, London (Islington and St. Pancras), Redditch, Tottenham Stockton-on-Tees. It would appear, from the experience so far gained, that the majority of Nurseries are urgently in need of educational equipment and play material, and that the staff welcome information as to the type of material which is suitable and suggestions on the right way of using it. A list of recommended equipment has been prepared and is available on application.

Training Courses. A Week-end Course for Welfare Workers employed by Local Authorities in Reception Areas is being held in London from February 13th to 16th. It is hoped that the Course will help such workers to meet the many problems confronting them in dealing with cases of mental disorder, mental subnormality and mental deficiency which they find in the course of their work amongst evacuees, or in Rest Centres and Air Raid Shelters.

A second Course for Hostel Workers is to be held at Bingley in April.

Hostels for Mentally Subnormal "Difficult" Children. The problems created in Hostels for Difficult Children by the presence of children who, by reason of mental subnormality, are found to need different methods of treatment and a much longer period for adaptation, have been repeatedly brought to the attention of the Committee by its Regional Representatives and by other workers concerned.

It would seem that one possible solution of the problem might be the allocation of certain Hostels in each Region for this group of children, and the possibility was discussed at an exploratory Conference called by the Committee at which representatives of the Ministry of Health and of the Board of Education were present in a consultative capacity. The members of the Conference were generally in favour of the suggestion, provided that care was taken to ensure that such special Hostels should only be placed in areas in which local schools were large enough to enable them to absorb a number of "dull" children and which could offer facilities for providing them with the special type of education required. It was further suggested that such a Hostel should not accmmodate more than 15 children. The necessity of ensuring that before transfer to a Special Hostel, a child should be examined by an expert in order that his degree of intelligence might be accurately ascertained, was emphasized by all the members of the Conference.

A further consideration brought to the notice of the Conference was that the group under discussion would inevitably include some children who were certifiably

mentally defective, within the meaning of the 1921 Education Act (Part V), and to meet the needs of this group it was proposed that the Mental Health Emergency Committee should endeavour to ascertain whether Education Authorities with evacuated Special School Parties in residential schools or camps had vacancies, would be willing to allot to feeble-minded children from other areas. If this information were then made known to Hostels and Billeting Officers, it was thought that there would be a greater readiness to draw the attention of the Education Authority in the Reception Area concerned to the need for examination in the case of a child in a Hostel who appeared to be mentally defective.

Pamphlet on Hostels for Difficult Children. The Committee has recently published a small pamphlet on Hostels for Difficult Children, containing suggestions on methods of selection, classification, re-billeting, educational facilities, staffing, etc. Copies of the pamphlet may be obtained from the Hon. Secretary, 24 Buckingham Palace Road, S.W.1, on application.

Central Association for Mental Welfare

Hostel for Agricultural Workers. This Hostel—at Hatherley Court, Down Hatherley, Gloucestershire—was opened in November 1941, and at the time of writing, 35 youths on Licence from Certified Institutions, are in residence.

Excellent reports of their behaviour and capacity have been received from the Gloucestershire War Agricultural Committee which is responsible for their work, and farmers to whom they have been allocated speak highly of them, finding that they compare very favourably with normal workers from other Hostels opened by the Committee. The boys themselves are exceedingly happy and fit, and are quite content with the arrangements made. Their wages vary between 42s. and 53s. 6d. weekly; 25s. is paid direct to the C.A.M.W. for board, and 1s. 6d. for laundry; 10s. may be kept for pocket money and the balance is then banked in the boy's name, or put into National Savings.

So successful has been this initial experiment that the War Agricultural Committee has asked the Association to be responsible for a second Hostel run on similar lines, in the same district, and it is hoped that this may be opened at the end of March in premises which are being acquired by the Committee.

Note.—Gifts of "football shorts" and shirts, would be gratefully received for the Hostels, to enable football teams to be organized.

Hostel for Industrial Workers. The Council is hoping to initiate a further development in this work by opening a Hostel for youths on Licence from Certified Institutions, who are not robust enough for heavy farm work but would be likely to make efficient workers in some industrial occupation not involving exceptional strain and pressure. This would exclude any form of "Munitions", but it is envisaged that there are a number of factories still engaged on some form of civilian production which have difficulty in securing labour.

The Ministry of Labour and National Service, with whom negotiations are in progress, welcome the scheme, and it is thought that it will be particularly acceptable to Certified Institutions at the present time owing to the difficulty of providing industrial occupation which arises from the shortage of raw material.

Social Case Work Department. An analysis of the cases dealt with during 1941 shows a total of 1,871, made up as follows :

General (including Mental Health Emergency Cases) ..	1,170
Licence and Guardianship	269
Epileptics	276
Joint Register of Foster-Homes	156

These cases were referred by Local Authorities, Societies of various kinds, hospitals, schools, psychiatric social workers, relatives and friends, etc., and 111 were received direct from doctors. They fall, roughly, into the following types : Mentally Defective, 596 ; Mentally Disordered, 25 ; Senile, 25; unbalanced and borderline (including psychoneurotics) and psychopathic personalities, 524.

It is, perhaps, of interest to record that the number of cases received from medical practitioners is continually increasing. In other cases, efforts are always made to obtain a medical report before further action is taken or advice given except in the cases of obvious low-grade defectives and of unstable or unbalanced applicants who cannot at the moment be induced to consult a psychiatrist. In regard to this group, the policy of the Department is to befriend the family in the hope of effecting such easement of the situation as is possible until the patient can be persuaded to seek the expert medical aid which is his chief need.

The total number of cases dealt with has more than doubled in the last twelve months, and machinery has been devised to ensure that there is close co-operation between the various workers concerned. The body of information as to schools, homes, foster-parents, etc., which has been collectively acquired, is now a considerable one, and constructive advice and suggestions can be given on a wide variety of " Mental Health " problems.

The Department works under a Committee whose members are engaged in various forms of social administration and have expert knowledge of many divergent social problems.

Educational Psychologists. To meet the increasing demand for the Association's service of Educational Psychologists, the Council has appointed, as from March 1st, 1942, a second full-time psychologist (Miss N. Gibbs, M.A.) who holds one of the Fellowships awarded by the C.A.M.W. and the Child Guidance Council under the joint scheme for providing psychologists with clinical experience. A psychologist is also being engaged, on a temporary basis, to work in Grimsby for three months, under the Local Education Authority.

The Council has agreed to continue to contribute towards the provision of Fellowships under the joint scheme, and hopes to be able to increase its contribution

to meet the increasing demand for psychologists with educational and child guidance experience.

Middlesex Home Teaching Scheme. It is with much regret that the Association has to record the ending of the Home Teaching Scheme which it has carried on for the Middlesex Mental Deficiency Committee during the past 12 years.

In 1941, the staff of Home Teachers (reduced to three, to meet the exigencies of war conditions), visited at regular intervals 160 to 170 children excluded from school by reason of mental defect and unable to attend Occupation Centres, all of which were closed down in September 1939. A successful experiment had also been carried on in Group Teaching, and of the 170 children on the register, 70 were being taught in groups.

It is therefore particularly disappointing that, for reasons of economy, the Middlesex County Council have brought this work to an end, despite urgent representations as to its value made both by the C.A.M.W. Council and by the parents themselves, on behalf of children for whom the periodical visits of "*their* teacher" have been for so long the high light of uneventful and isolated lives.

Pamphlet on Mental Deficiency Acts. The Association's pamphlet briefly setting out the chief provisions of these Acts, and the procedure enacted by them, has been re-printed, with a supplement on the position of defectives in regard to certain emergency regulations concerning Registration, fire-watching, etc. The pamphlet can be obtained from the Offices of the Association, 24 Buckingham Palace Road, London, price 3d. post free.

Child Guidance Council

The Council finds itself in a position to award a third Fellowship in Psychiatry of the value of £150 for one year half-time work. The successful candidate will be trained at the Tavistock Clinic.

The *Salford Education Committee Child Guidance Clinic* which is classified as a Group I Clinic, is now functioning with the following staff: Dr. Muriel Hughes (Psychiatrist), Miss E. A. Bonniface (Educational Psychologist) and Miss B. Joseph (Psychiatric Social Worker). The address of the new clinic in 49 The Crescent, Salford 5. The social worker reports that a good start has been made and excellent co-operation obtained.

The new Education Committee Clinic at *Cambridge*, which is not under medical direction, has been classified in Group IIb. The Psychologist is Mr. H. Bannister, Ph.D., and the Psychiatric Social Worker, Miss D. Hutchinson. The clinic is housed at the Municipal Health Centre, Coleridge Road, Cambridge.

Reigate Child Guidance Clinic has just issued a report on its second year of work. In February 1941 the Clinic became part of the general School Medical Services of the Borough, a consummation on which the clinic staff is to be congratulated. The clinic is concerned with psychological work in two types of evacuation areas and the Report is a valuable record of wartime problems.

Though the rush of work diminished in the second year of war, certain difficulties increased, e.g. decrease in number of billets for various reasons making it impossible to deal with minor problems through a change of billet. Discharged cases had to change billets for various unavoidable causes and in some instances breakdown occurred again. The second winter of billeting proved more of a strain than the first—many wives were left to cope with evacuated children single-handed and the second black-out often proved the last straw. In the summer, out-of-door recreation had been possible.

The clinic staff has inaugurated a new social service—the after-care of evacuees leaving their school group. Intelligence and performance tests have been helpful as a guide to a child's future—whether training should be undertaken, or paid employment. An endeavour has been made to keep children in the evacuation area in work of a suitable nature.

Preventive Work. In pursuance of its policy of stressing the need for prevention of behaviour problems, the Council has sought and obtained representation on the Mothercraft Training Sub-committee of the National Association of Maternity and Child Welfare Centres. Dr. Grace Calver had kindly consented to serve on this Committee and also represented the Council at a Conference called by the National Baby Welfare Council to discuss a new British Maternity and Child Welfare film. Dr. Calver suggested that the film might begin with the ante-natal period and the mother's right emotional attitude towards both childbirth itself and the child in particular. The importance of breast-feeding in relation to good emotional development was stressed because, in actual fact, from the purely physical point of view, artificial feeding can very well be substituted for breast-feeding, though breast-feeding ensures the best foundation for the child's adaptation to life, and to the overcoming of early anxieties. On these in turn depend future love relationships and social relationships in general.

The Conference expressed its gratitude for this contribution and the Chairman, in particular, said how extremely pleased they were to be given such a definite explanation of psychological needs as the background of physical and mental health.

Hostel School for Evacuated Boys—A Scottish Experiment

A Hostel School for boys has been instituted in Peebleshire under the Wardenship of Mr. W. David Wills to meet the needs of the group of wild, neglected and undisciplined boys who seem to be unbilletable.

Members of the Society of Friends took the initiative in establishing the Hostel; provision for staff and for school equipment was made by the Education Authority and the Peebleshire County Council, sanction being given by the Department of Health; while private subscriptions provided the salary of the Warden and running expenses for a year. The Hostel was opened in July 1940 and 38 boys received.

The boys' histories were studied and showed a high incidence of truancy, stealing, disciplinary problems and police records, while each boy's progress and idiosyncrasies were followed at regular staff meetings. The resulting treatment soon showed

the establishment of a sense of security and affection which came as an entirely new experience to many of the boys.

Consciously, the community life aimed at showing the boys, in a practical way, the need of discipline in the framework of an ordered society. Their response later led to the institution of a regular house meeting, which opened for discussion all the activities of the Hostel including practical administration, and which is attended by everyone, including the domestic staff.

School curriculum was difficult as age groups and types of boys varied widely, while free time has not been overmuch organized but aimed to give opportunity for free expression. During the experimental year these children gained a sense of inner security and happiness previously denied them and this feeling of well-being has become part of the school, while there is considerable lessening of the constant fighting and quarrelling and other symptoms of instability and unhappiness which were evident in the early days.

The National Council for Mental Hygiene

Mental Health Lecture Course. The Council is holding a course of eight lectures for students and also the general public on Fridays at 8 p.m. at University College of the South West, Exeter. The first meeting took place on January 23rd and was presided over by the Principal of the College. There was a large attendance and a keen discussion during which the lecturer, Major J. A. Hadfield, R.A.M.C., answered a number of questions. The subjects being discussed deal with the developmental stages of childhood and adolescence, mental health and the war, and an explanation of the psychological theories of Freud, Jung and Adler. The speakers include Dr. Culver Barker, Major R. F. Barbour, Dr. H. Crichton-Miller, Major A. McLeod Fraser, Major Alan Maberly, Dr. H. C. Squires, and Major Geoffrey Thompson. The course will end on March 13th. Full particulars may be obtained on application to the Secretary of the National Council for Mental Hygiene.

Lectures for Civil Defence personnel. A series of eight lectures on nervous manifestations under air raid conditions was given in December and January on behalf of the Council by Major Wyndham Pearce, Northern Command Specialist in Psychological Medicine, to members of the Leeds Civil Defence Casualty Service and also to medical personnel. The audiences were composed of both men and women whole-time and part-time Civil Defence workers employed in the City's various First Aid Depots.

Similar lectures have been held or are being arranged in other parts of the country, including Lancashire, Lincolnshire, Cheshire, Oxfordshire, Nottinghamshire (where it is also hoped to arrange short courses for Rest Centre workers). A lecture on " Nervous reactions in War-time " was given by Dr. H. Crichton-Miller on January 7th in a special course arranged by the Royal College of Nursing for those working in the River Emergency Service, shelters, and first aid posts.

Early Treatment Facilities. The Council's Joint Committee of the Standing Committees has given attention to the question of extending early treatment facilities

for both children and adults and the need for placing this important subject in the forefront of post-war plans in relation to mental health. With the approval of the Executive Committee a recommendation urging that every Voluntary and Municipal General Hospital should itself or in conjunction with other agencies provide Clinics for cases of nervous disorders and for Child Guidance has been sent to the Medical Planning Committees of the British Medical Association and the Royal Medico-Psychological Association, to the British Hospitals Association, to the Committee on Post-War Legislation of the Central Association for Mental Welfare, and also to hospitals with Medical Schools throughout the country. The Joint Committee has also stressed the need for extending the number of hospitals for functional nervous disorders in view of the extremely limited facilities in this direction which are at present available.

New Occupation Centre, Slough

It is encouraging to record that the Buckingham Voluntary Association for the Care of the Mentally Defective has, despite the difficulties of the times, realized the urgent need of providing for its defective children excluded from ordinary elementary and Special Schools, by establishing an Occupation Centre in the busy town of Slough, for which it is receiving a grant from the County Council.

The Centre (opened on February 9th) is a full-time one, and when fully organized, 15 to 18 children will be in regular attendance. If necessary, provision may be made for a still larger number. A trained Supervisor has been appointed, and provision has been made for the appointment of an Assistant Supervisor and Guide. Cheap travelling facilities have been granted by the London Passenger Transport Board. It is hoped later to provide a mid-day meal, and arrangements are being made with the Milk Marketing Board for the supply of milk under the "Milk in Schools" Scheme.

Edinburgh's Provision for M.D. Children

It is encouraging to record that despite the difficult conditions described in a note on Scottish Special Schools, in our last issue, educational facilities for mentally defective children in Edinburgh now approximate to normal standards. The Special Schools are functioning as in pre-war days and adequately meet the needs of the children left in the city, and of the returning evacuees.

During the early period of the war, the premises used for an Occupation Centre for imbecile children were commandeered, and when the Special Schools re-opened in April 1940, provision was made for these children in three of such Schools and attendance was made compulsory. As, however, ascertainment steadily proceeded and more children were referred for special school education, new arrangements became necessary and a house was recently acquired to serve as an Occupation Centre for between 80 and 90 children. The responsibility for the Centre is divided between the Public Health Committee who finance it, and the Education Committee who supply the staff and arrange transport, dinners, etc.

Visit of Canadian Investigators

By arrangement with the Ministry of Health, three investigators from the Canadian National Committee for Mental Hygiene recently spent some weeks in this country engaged in surveying the provision made for children from bombed areas and other mental health activities arising out of war conditions.

The delegation consisted of Dr. C. M. Hincks, Director of the National Committee, Dr. William E. Blatz, Director of the Institute for Child Study and Professor of Psychology, University of Toronto, and Dr. Stuart K. Jaffary, Director of the School for Social Work, Toronto.

Mrs. Montagu Norman (Chairman of the Mental Health Emergency Committee) and Miss Evelyn Fox had the opportunity of discussing with Dr. Hincks and his colleagues the serious position arising out of the shortage of trained Mental Health workers at the present time, and it is very much hoped that by the loan of such workers Canada may be able to offer substantial help.

Mental Health Course, 1942-3

An advertisement of the Mental Health Course appears in this Journal, and it is hoped that suitable candidates will be encouraged to consider entering the training course which begins in September 1942. The details of the course are set out in the advertisement.

In this war, as in the last, the demand for psychiatric social workers has again become manifest and, in fact, demand now threatens to exceed supply. The normal channels of work are expanding as new child guidance clinics continue to be opened both in evacuation and reception areas. E.M.S. Psychiatric Hospitals are recognizing that such workers are a necessary addition to their staffs, workers have been appointed to special positions in the W.R.N.S., and, what is perhaps the greatest expansion of all, the Ministry of Health has sanctioned the appointment of psychiatric social workers in reception areas to help and advise with the difficult evacuated children. At the present time there are twenty of these last appointments with the possibility that they will continue to increase as the value of the work becomes more and more appreciated. In addition the Mental Health Emergency Committee has appointed four psychiatric social workers as its Regional Representatives in certain of the Civil Defence Regions together with a Regional Worker, who also has taken the psychiatric training, in each case. It is expected that more of these appointments will be made.

An Education Authority's Welfare Officer

We have received an interesting account of the work of a Woman Welfare Officer (holding the Mental Health Course Certificate) appointed by a County Education Authority—not to deal with special problems created by war conditions, but as a permanent member of the staff.

The greater part of her work is concerned with children committed to the care of the County Council under the Children and Young Persons Act, 1933. She assists

in the preliminary enquiries and when a child is taken into care it is her duty to find a suitable foster-home and to supervise afterwards, in co-operation with the Health Visitor. Sometimes she attends the Juvenile Courts.

The most difficult of the cases with which she deals are those of girls deemed by the court to be in moral danger and for this reason committed to the Council's care. Most of these girls are pregnant and the difficulty of finding suitable homes is acute. In trying to solve the problems they present, the worker reports that " everything she has ever learned of Mental Health and Psychiatry is useful ".

Other duties which are assigned to the Welfare Officer, including the visiting of Homes for Maladjusted Children, the taking of case histories of children recommended for treatment of this kind, and the making of any special enquiries in connection with, e.g. children who are deaf or mentally defective, or with some specific occupation which a child may desire to enter.

We feel that this experiment is a valuable one, holding considerable possibilities, and that its extension to other areas would constitute a real step forward in social organization.

Institute for Scientific Treatment of Delinquency

It is interesting to learn that the University Extension Courses of lectures arranged by the Institute are being well attended, despite the fact that the lectures have to be given on Sundays. Last term, the course on Criminal Law (Sunday mornings) was attended by 30 to 35 students, and the course on Social Psychology (Sunday afternoons) by between 50 and 60. Twelve lectures on the Psychology of Delinquency are being given during the present term.

The Broadcast Appeal on behalf of the Institute given by Mr. Donald McCullough on December 7th resulted in the gratifying total of £1,706, so that anxiety about the immediate future hitherto so acute has been delayed and a drive is being made for new members.

The Institute's Annual Report for 1940, just issued, gives a record of work accomplished under the most difficult conditions and despite serious damage sustained by enemy action necessitating a move to new premises.

Enquiries in regard to its work will be welcomed by the Institute whose address is: 17 Manchester Street, London, W.1.

The War and Psychosis

In a letter received from Dr. L. J. Bendit, he expresses the opinion that as a result of the war, the number of cases of psychosis has increased, especially in the case of females, by 25 per cent. to 30 per cent. He does not give detailed figures and controls, and his opinion is not shared by many authorities who do. For example, in the discussion on war strain at the Tavistock Clinic (1940), it was stated that out of 71 cases admitted as psychotics during the London blitz, only in 9 was there any trace of effects of air raids, while in a general practice in North London, about 5 per cent.

developed mild anxiety which cleared quickly. Stalker (1940) quoted 7 acute breakdowns, but all these occurred in previously unstable persons.

Twenty-one persons out of 179 psychoneurotics admitted the effects of sirens; most of these were women over 60 (Bodman, 1941).

It is probably true, as Dr. Bendit says, that war conditions "toppled over" patients who were previously disposed to mental breakdown. Thus Brown (1941) states that psychoses only develops where there has been some previous abnormality or predisposing conflict which leaves the patient emotionally insecure. Some psychoses, especially depressions, may develop in persons who would not have developed a psychosis but for the bombing. Psychotic incidents may be precipitated by bombing, especially senile dementia.

On the other hand Harris (1941) remarks that out of 46 cases in a series of 300 consecutive admissions to a mental hospital supposed to be due to air raids, in only 4 were these regarded as causative, and in 6 as contributory. Again, in only 23 out of 435 cases were air raids in any way causative.

Admissions to one mental hospital increased from about 350 to 435, but these were mostly senile dements who could no longer be looked after at home, and it is noteworthy that the socially unfit tend to gravitate towards institutions during wartime.

On the other hand, in another mental hospital the admissions for 1940 (354) were the lowest for five years, and in only 17 men and 14 women did war seem to have any aetiological significance, and of these 21 gave a history of previous breakdown or strong family taint (Hemphill, 1941).

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Reviews

A Review of the Psychoneuroses at Stockbridge. By G. P. Coon and A. F. Raymond. Austen Riggs Foundation Inc., Stockbridge, Mass.

This work attempts a critical evaluation of the cases which have been under treatment at Stockbridge between the years 1910 and 1934. It is divided into three main parts. In the first the setting is described in which treatment is carried out, and a brief description follows of the type of case and the methods of treatment used together with a case study of ninety-two patients.

In the second part a statistical study is undertaken of 1,060 cases of anxiety state or neurasthenia selected from 5,300 admissions during the period under review with two detailed follow-up studies. Frequency and association tables are given for a wide range of factors. Throughout this section there is a careful attempt at comparison with the follow-up work of other units, the most important being those of the Tavistock Clinic and the Cassel Hospital.

In the third part there is a general summary and a series of appendices giving not only valuable information as to how the follow-up work was done but also a vivid insight into the methods of treatment in use at Stockbridge. These evidently rely to an important extent upon the education of the patient in sound psychological knowledge of the workings of his mind through talks and pamphlets here reproduced.

It is outside the scope of the present review to discuss the principles upon which the Riggs Foundation has evolved except in so far as they affect the significance of this book. Admission is limited to patients suffering from psychoneuroses who are able to live in the quite open environment of the two hostels run by the Foundation which are situated in the small town of Stockbridge. Thus many severe neurotic, psychopathic or delinquent personalities must be inadmissible. The treatment appears to consist of an intellectual re-alignment of the patient's attitude towards his problems and symptoms by re-education and moral suasion carried out during a first admission, which is, by comparison with most other clinics, remarkably short. The authors frankly admit the limitations of these methods with certain patients, and the limitations become apparent in the somewhat superficial dynamic accounts of the problems of etiology. Nevertheless, within these limits there can be no question that the methods employed have the utmost value, and that the Stockbridge workers have much to teach us concerning the rapid and effective readjustment of psychoneurotic patients. For example, the mean duration of first admission is 37·24 days which may be compared with 4·1 months for the Cassel Hospital (probably the most closely comparable English institution). This latter figure is, itself, generally considered to be low, but it is necessary to bear in mind that treatment at Stockbridge is not usually concluded at the end of the first admission, re-admission and subsequent treatment interviews being the common practice.

The immediate results obtained appear to be very good, 57·8 per cent. of the cases being graded "much improved" on discharge. In the follow-up work which was carried out in two separate studies, one between 1929 and 1930 and one between 1936 and 1939, some astounding discrepancies are revealed. For example, approximately 48 per cent. are graded as "well" or "very much improved" at the first follow-up compared with 8 per cent. at the second. The authors bravely set out to explain this divergence. The factors which they adduce are of interest to all who are concerned with follow-up studies. They mention in particular the difference in the use of terms by the two separate groups of investigators who carried out the earlier and later studies, the factor of selection of cases and the different methods employed. In the earlier work, for example, the follow-up was by letter only; in the later work many other methods of contact were used in addition. This may involve a double error in that the most grateful patients may be most likely to reply and that their own interpretation of their condition may be wide of the mark. Experience at the Tavistock Clinic where a group of patients who did not reply to a follow-up letter were compared with a group who did has tended to discount these errors, but the question must remain an open one.

In general, the statistical handling of the material in the book appears to be excellent though the titles of some of the tables are a trifle confusing and necessitate careful reference to the text. One is, however, left with a feeling of the inadequacy of most psychiatric case histories for subsequent statistical research, a feeling which is strengthened by the authors' observation that only 3·6 per cent. of the histories studied could be termed "excellent" in the sense of their completeness, whilst only a further 9·9 per cent. were classed as "good". There can be no doubt that few psychiatric clinics would emerge with a better record than this, which is probably due to the copiousness

of the data which have to be recorded and the tendency to omit negative findings.

This is a book which should be in the hands of all those who are planning similar studies in the future and of those who have to plan the keeping of records in the present.

C.H.R.

Psychology of the Interview. By R. C. Oldfield. Pp. 144. Methuen & Co., Ltd. 5s. net.

The author has made an experimental and analytical study of the interview, and his deductions should be of considerable value to those who have to assess the personal characteristics of " candidates " after a brief encounter in an atmosphere not devoid of formality.

It is asserted that the interviewer's task is to introduce suitable topics of conversation and to evoke the candidate's " attitudes ". Judgment is then based on the reactions displayed by the candidate. The formation of a first impression, the modification of this picture and the final judgment resulting in a " homunculus "-like representation of the candidate in the interviewer's mind, are all analysed and carefully recorded. Stress is also made on the " matter " and " manner " of the candidate's remarks, as shown by relevancy, vivacity, choice of words, syntax, etc.

Mr. Oldfield suggests that the " candidate in the waiting-room is the victim of violent, if temporary, conflict ", and therefore an attempt should be made to create an atmosphere of humanity and kindliness. There is an interesting sidelight on the " interviewing board "—a social group " well established by convention " and the subject of much heated controversy.

E.B.

The Background of Guidance. New Zealand Council for Educational Research. Pp. 128. 6s.

This book gives an account of studies made by the New Zealand Council for Educational Research. It describes the organization of education in New Zealand and the way this organization works out in practice and thus shows the general setting into which all educational and vocational guidance in the country must be fitted.

After a short account of the types of school available and numbers to be found in each it describes the enquiries made by the investigators. A study was made, for example, of the causes which determine whether a child leaves school finally for work at the end of the primary school course or whether he passes on to technical, secondary or other form of post-primary education. Although in its official organization New Zealand would appear to give somewhat more " equivalence of opportunity " than this country in that free places are available for all reaching a certain standard of proficiency in primary school, it is not surprising to find that many of the same influences are at work in New Zealand as are found in the mother country in determining the choice of school or work. Among these influences are the level of intelligence of the pupil, success in primary school, and the socio-economic level of the parents.

Other enquiries concerned the average age at which children leave primary school (partly determined by their success or failure and their need to repeat a class); the distribution of good, average and poor reports from head teachers of primary school, occupational status of parents, etc. Further, a study was made of the occupational intentions of the pupils in primary schools together with the reasons for their choice; the relation between this choice and the length of stay in school, the age of leaving primary school, parental occupation, etc.; also into the relationship between the occupation originally intended and the one actually entered. Research was also carried out into the types of occupation available and the various requirements for entering them.

The investigators, in emphasizing the need for a thorough study of the individual as well as of the environmental influences and possibilities, conclude that much of the study should be done by trained teachers rather than by the professional psychologists. This is a conclusion which would be fully supported by workers in other countries, since it is obviously the teachers who have the greatest opportunity for making a thorough study of the child.

The book illustrates the necessity for a study of existing conditions by all those undertaking guidance work, but the actual results in the figures given are of value only for those working in New Zealand itself.

M.B.S.

The Education of the Backward Child. By Mary Stewart, with a preface by Margaret Cole. Fabian Research Series, No. 57. Gollancz. 6d.

This 24-page pamphlet is part of a general programme for post-war educational reform (eventually to appear as a book) which the Fabian Society is now publishing in sections.

It is the shortest and most lucid exposition of an involved problem which we have met for a long time, making use of both the classic and the more recent surveys and researches without

lessening its appeal to the general reader. It is one of the few expositions I have met which approaches the problem from a humanistic and educational viewpoint and yet is wholly conversant with the legal, administrative and psychological difficulties which stand in the way of implementing its recommendations.

The initial concern of the pamphlet is with our feeble-minded children, only one-eighth of whom are at present in Special Schools. The psychological problem of making teachers, parents and administrators aware of the advantages of such special education for this type of child, is a matter of instruction and propaganda and of adequate training in these matters of teachers and certifying officers, not to speak of supplementary staffing arrangements both on the medical and educational sides.

For the major administrative problem of providing special education throughout the country in the many small areas large enough to supply adequate educational facilities for the feeble-minded child, the solution may be in recognizing that "*there is no hard and fast distinction between the defective and the normal . . . and that the lines of division between the classes are arbitrary and the present ones may not be the best possible places from the educational point of view*". This opens up to educators the choice of extending the facilities of special education so as to include the larger group realized by either lowering or raising the I.Q. for educational certification.

"*If there was a rigorous weeding out of all elementary school children whose I.Q.s fall below 70, elementary schools would be relieved of a considerable number of children who . . . were unable to benefit by the education provided for them.*"

Of the second group of children—the educationally dull—Margaret Cole has much to say in respect of the organization of both their elementary and secondary education, and though she leaves the problem skilfully exposed but unsolved, her solution is implicit in her plea for a wider experimental attitude on the part of the Board of Education and of Local Authorities. "*The ideal system will not be found without experiment.*"

R.T.